CITY OF NORMAN SUPPLEMENTAL QUESTIONNAIRE Youth Baseball and Softball Umpire

Name:	Date:	
This questionnaire is a supplement to your education, training, and experie applied. FILL OUT THE QUESTIONS ON YOUR APPLICATION OR RESUM	ence as it relates to the U NAIRE COMPLETELY EVE	mpire position for which you
Please indicate what level you are i may be required to submit additional in		-
BASEBALL		
T-Ball	Machine Pitch	9U/10U Kid Pitch
11U/12U Kid Pitch	13/14U Kid Pitch	
<u>SOFTBALL</u> T-Ball	Machine Pitch	
10U Kid Pitch	12U Kid Pitch	
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For those that apply, please list experience you have next to each le		s of <u>BASEBALL</u> umpiring
T-Ball	Machine Pitch	9U/10U Kid Pitch
11U/12 Kid Pitch	13/14U Kid Pitch	High School
Collegiate Baseball	Minor League	Major League
For those that apply, please list experience you have next to each le		s of <u>SOFTBALL</u> umpiring
T-Ball	Machine Pitch	9U/10U Kid Pitch
11U/12 Kid Pitch	13/14U Kid Pitch	High School
Collegiate Softball	Professional Softball	
Please list any umpire training that	is relative to this position.	